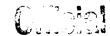
THE DOCUMENT COMPANY XEROX

FAX COVER SHEET

DATE:	_
PLEASE DELIVER TO:	
NAME:	Examiner Iraj A. Rahimi, Group 2622
COMPANY:	USPTO
PHONE #:	(703) 306-3473
FAX #:	(703) 872-9314
FROM:	
NAME:	Christopher D. Wait
PHONE #:	(585) 423-6918
FAX #:	(585) 423-5240
Total Pages (Including Cover Sheet):	10
Special instructions or suppl LETTER to follow:	lemental message: D/99729Q - AMENDMENT/TRANSMITTAL
Inventor(s): Thyagarajan Ba Application No.: 09/435,25 Confirmation No.: 4969 Title: GAMUT MAPPING ADAPTIVE SPATIAL FIL	6 Filed: 11/5/99 Examiner: Iraj A. Rahimi PRESERVING LOCAL LUMINANCE DIFFERENCES WITH

Please note: This facsimile message may contain information which is privileged, confidential, and exempt from disclosure under applicable laws; it is intended only for the use of the individual named above and others who have been specifically authorized to receive it. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, or if the transmission is incomplete, please notify by telephone Francic S. LePore (585) 423-3907 or Dianne W. Ayers (585) 423-6998. Xerox will reimburse you for your telephone expense.



+5854235240

T-671 P.002/009 F-461



In re application of: Thyagarajan Balasubramanian et al.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office Fax No. (703) 872-9314 on

7/23/2003 (Date)

PATENT APPLICATION
Attorney Docket No.
D/99729Q

Francis S. LePore (Typed or printed name of person signing this certificate)

Signature Drance Adelore

AMENDMENT TRANSMITTAL LETTER

Application Number	Filing Date	Filing Date Examiner					Group Art Unit		
09/435,256	11/5/1999	Iraj A. Rahimi					2622		
SPATIAL FILTE				ANCE DI		WITH ADA			
TO THE CO	MMISSIONER FOR	RPATENT	'S :						
	herewith is an ame s shown below.	ndment in	the above-ic	lentified a	application. Th	ne fee has	been		
		CLAII	MS AS AM	ENDEC)				
(1)	(2) Claims Remaining after Amend.	(3)	(4) Highest No. F Paid F		(5) No. of Extra Claims	(6) Rate	(7) Additional F ee		
Total Claims	7	Minus	20	=	0	x \$ 18	\$ 0.00		
Indep. Claims	1	Minus	3	-	0	x \$ 84	\$ 0.00		
Total Additional Fee for this Amendment							\$ 0.00		
Ø	No additional fee is required.								
	Charge \$ 0.00 to Deposit Account No. 24-0025. An additional copy of this sheet is enclosed.								
	Please charge any additional fees under 37 CFR 1.16, 1.17, 1.21 and 1.136(a) (but not 1.18), or credit any overpayment, to Deposit Account No. 24-0025. An additional copy of this sheet is enclosed.								
	This constitutes a request for any needed extension of time and an authorization to charge all fees therefor to the above deposit account, if not otherwise specifically requested. This is also an authorization under 37 CFR 1.136(a)(3) to treat any concurrent or future reply, requiring a petition for extension of time, as incorporating a petition for the appropriate extension of time.								
	A return receipt postcard is enclosed.								
	Additional papers enclosed:								
			?``,		, 10	1. 11			

Signature under 37 CFR 1.33 & 34

Registration No.43,230

Telephone No. 585-423-6918
Date of Signature: July 23, 2003